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Subject: Verification of Attorney Information

Comments: Attached please find Verification of Attorney Information documents for 2/ separate patent applications. Please forward them to the appropriate offices. Thank you for your prompt attention to this matter.

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Applicant: David Ossip et al.

Group Art Unit: 3623

MAY 28 2004

Serial No.: 09/910,576

Examiner:

Filed: July 20, 2001

Attorney Docket: SAB-026

Title: Network Based Work Shift Management System Software and Method

OPTIONAL

I hereby certify that this correspondence is being facsimile transmitted on this day to fax number (703) 272-2206 to the Commissioner of Patents and Trademarks.

David P. Gordon

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Honorable Commissioner for Patents
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Sir:

REQUEST VERIFICATION OF ATTORNEY INFORMATION

This is to hereby request that the attorney information be verified such that the attorneys listed in the PALM System match the attorneys named on the declaration, and correspond to our customer number, 36822. This will ensure that all future correspondence will be forwarded to the correct address and allow the appointed attorneys access to the private PAIR System.

Respectfully submitted,

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